

NOV 21 2000

GAU1713

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

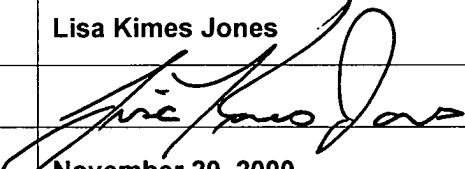
		Application Number	08/986,696
		Filing Date	December 8, 1997
		First Named Inventor	Moses O. Jejelow et al.
		Group Art Unit	1713
		Examiner Name	R. Rabago
Total Number of Pages in This Submission	4	Attorney Docket Number	1997U001.US

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**ENCLOSURES (check all that apply)**

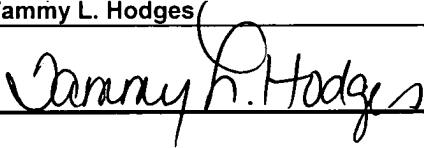
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form  | <input type="checkbox"/> Assignment Papers<br>(for an Application)                            | <input type="checkbox"/> After Allowance<br>Communication to Group                               |
| <input checked="" type="checkbox"/> Preliminary Amendment / Response<br><b>Non-Fee Amendment</b> | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to<br>Board of Appeals and<br>Interferences        |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Appeal Communication to<br>Group<br>(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Affidavits/declaration(s)   | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69)<br>and Accompanying Petition       | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Extension of Time Request   | <input type="checkbox"/> To Convert a Provisional<br>Application                              | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Express Abandonment Request   | <input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence<br>Address | <input type="checkbox"/> Additional Enclosure(s)<br>(please identify below):                     |
| <input type="checkbox"/> Information Disclosure Statement  | <input type="checkbox"/> Terminal Disclaimer  | <hr/> Postcard   |
| <input type="checkbox"/> Certified Copy of Priority<br>Document(s)                               | <input type="checkbox"/> Request for Refund   |  |
| <input type="checkbox"/> Response to Missing Part/<br>Incomplete Application                     |   |  |
| <input type="checkbox"/> Response to Missing Parts   |   |  |

**REMARKS****SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Or Individual name	Lisa Kimes Jones	Registration No.
Signature		
Date	November 20, 2000	

**CERTIFICATE OF MAILING**

I hereby certify having information and a reasonable basis for belief that this correspondence will be deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: **November 20, 2000**

Typed or printed name	Tammy L. Hodges		
Signature		Date	November 20, 2000